

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

| | | | |
|--|--|--------------------------|------------------|
| | | Express Mail No. | EV328618613US |
| DECLARATION FOR UTILITY, DESIGN, DIVISIONAL AND CONTINUATION-IN-PART PATENT APPLICATIONS (37 CFR 1.63) | | Attorney Docket Number | 66179/41848 |
| | | First Named Inventor | Foster, et al. |
| <input checked="" type="checkbox"/> Declaration Submitted with Initial Filing | | COMPLETE IF KNOWN | |
| <input type="checkbox"/> Supplemental Declaration Submitted | | Application Number | Not yet assigned |
| <input type="checkbox"/> Declaration Submitted for Continuation-In-Part Filing | | Filing Date | Herewith |
| <input type="checkbox"/> Declaration Submitted for Divisional Filing | | Group Art Unit | Not yet assigned |
| | | Examiner Name | Not yet assigned |

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

AIR FOAM PUMP WITH SHIFTING AIR PISTON

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

| Prior Foreign Application Number(s) | Country | Foreign Filing Date (MM/DD/YYYY) | Priority Not Claimed | Certified Copy Attached? | |
|-------------------------------------|---------|----------------------------------|--------------------------|--------------------------|--------------------------|
| | | | | YES | NO |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

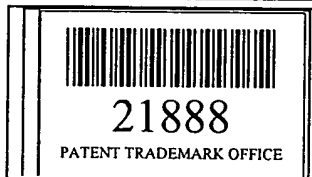
☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

DECLARATION — Utility or Design Patent Application

Direct all correspondence to: ☒

Customer Number
or Bar Code Label



OR ☐ Correspondence address below

Name Joseph M. Rolnicki

Address Thompson Coburn LLP, One US Bank Plaza

City St. Louis **State** MO **ZIP** 63101-9928

Country USA **Telephone** 314-552-6286 **Fax** 314-552-7286

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR :

☐ A petition has been filed for this unsigned inventor

Given Name
(first and middle [if any]) Donald D.

Family Name
or Surname Foster

Inventor's
Signature

Donald D. Foster

Date 8-21-03

Residence: City St. Charles

State MO

Country USA

Citizenship USA

Mailing Address 14 Upper Dardenne

City St. Charles

State MO

ZIP 63304

Country USA

NAME OF SECOND INVENTOR :

☐ A petition has been filed for this unsigned inventor

Given Name
(first and middle [if any]) Philip L.

Family Name
or Surname Nelson

Inventor's
Signature

Philip L. Nelson

Date 8-21-03

Residence: City Wildwood

State MO

Country USA

Citizenship USA

Mailing Address #9 Kingstowne Est. Ct.

City Wildwood

State MO

ZIP 63011

Country USA

☐ Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Express Mail No. EV328618613US**POWER OF ATTORNEY OR
AUTHORIZATION OF AGENT**

| | |
|-------------------------------|--|
| Application Number | Not yet assigned |
| Filing Date | Herewith |
| First Named Inventor | Foster, et al. |
| Title | AIR FOAM PUMP WITH SHIFTING AIR PISTON |
| Group Art Unit | Not yet assigned |
| Examiner Name | Not yet assigned |
| Attorney Docket Number | 66179-41848 |

I hereby appoint:

☒ Practitioners at Customer Number
OR

021888

☐ Practitioner(s) named below:

| Name | Registration Number |
|------|---------------------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

| | | | | | |
|---|-------------------------------------|-------|--------------|-----|------------|
| <input checked="" type="checkbox"/> Firm or Individual Name | Joseph M. Rolnicki, Reg. No. 32,653 | | | | |
| Address | Thompson Coburn LLP | | | | |
| Address | One US Bank Plaza | | | | |
| City | St. Louis | State | MO | Zip | 63101-9928 |
| Country | USA | | | | |
| Telephone | 314-552-6286 | Fax | 314-552-7286 | | |

I am the:

☐ Applicant/Inventor.☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).**SIGNATURE of Applicant or Assignee of Record**

| | |
|-----------|--|
| Name | Donald D. Foster, Vice President, Continental AFA Dispensing Company |
| Signature | <i>Donald D. Foster</i> |
| Date | 8-21-03 |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 1 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

STATEMENT UNDER 37 CFR 3.73(b)Assignee/Patent Owner: Continental AFA Dispensing CompanyApplication No./Patent No.: _____ Filed/Issue Date: HerewithEntitled: AIR FOAM PUMP WITH SHIFTING AIR PISTONContinental AFA Dispensing Company

(Name of Assignee)

, a corporation of the State of Delaware

(Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1. ☒ the assignee of the entire right, title, and interest; or
2. ☐ an assignee of less than the entire right, title and interest.
The extent (by, percentage) of its ownership interest is _____ %

in the patent application/patent identified above by virtue of either:

- A. ☒ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.

OR

- B. ☐ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

1. From _____ To: _____
The document was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.
2. From _____ To: _____
The document was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.
3. From _____ To: _____
The document was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.

☐ Additional documents in the chain of title are listed on a supplemental sheet.

- ☐ Copies of assignments or other documents in the chain of title are attached.

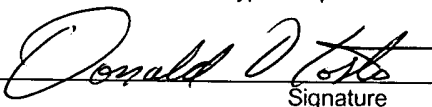
[NOTE: A separate copy (i.e., the original assignment document or a true copy of the original document) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.08]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

8-21-03
Date

Donald D. Foster

Typed or printed name


Signature

Vice President, Continental AFA Dispensing Company

Title

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.